## SERIAL NO. 09/831001 APPLICANT(S) FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS DEP. AFTER 2nd AMENDMENT IND. DEP. AFTER 1st AMENDMENT IND. DEP. IND. AS FILED DEP. IND. IND. DEP. IND. TOTAL IND. TOTAL DEP. TOTAL CLAIMS OTAL IND. OTAL DEP. 部級級

<sup>\*</sup> MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS